



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of : Michael H. Peronek, et al.  
For : PLASTIC WATER BOTTLE  
Serial No. : 10/680,510  
Filing Date : October 7, 2003  
Examiner : Tri M. Mai  
Group Art Unit : 3727  
Date of Last Action : April 6, 2005  
Our Docket : FCIE 2 13320-1

**SECOND AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the non-final Office Action mailed April 6, 2005, please amend the above-identified patent application as follows:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 6-23-05

Adeline Machado  
(SIGNATURE)

In re application of: Peronek et al.

Serial No. 10/680,510

Filed: October 7, 2003

For: PLASTIC WATER BOTTLE

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

Claims as Filed or Amended						
(1)	(2) Claims Filed or Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Total Amount
Total Claims	* 41	Minus	** 46	0	\$25	0
Indep. Claims	* 3	Minus	*** 3	0	\$100	0
Total Additional Fee For this Amendment --->						0

\* If the entry in Column 2 is less than the entry in Column 4 write "0" in Column 5

\*\* If the "Highest No. Previously Paid For" is less than 20 write "20".

\*\*\* If the "Highest No. Previously Paid For" is less than 3 write "3".

The fees indicated above are authorized to be charged to a credit card. The appropriate form PTO-2038 is enclosed for this purpose. If the credit card is unable to be charged, please charge any and all fees or credit any overpayment to Deposit Account No. 06-0308.

X General Authorization to Charge Deposit Account For All Fees, including Fees Under 37 C.F.R. 1.16, Fees Under 37 C.F.R. 1.17, Fees Under 37 C.F.R. 1.20, Fees Under 37 C.F.R. 1.41 and/or All Required Extension of Time Fees. Should any additional fees be required in connection with this application, during the entire pendency of the application, the Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Account No. 06-0308.

FAY, SHARPE, FAGAN, MINNICH  
& MCKEE, LLP

By:

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P.O. Box 1450, Alexandria, VA 22313-1450

on

6-23-05

*Adeline Macchady*  
(SIGNATURE)

10/6805/0

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

FCI 213320-1

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	46	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	46 minus 20=	26
INDEPENDENT CLAIMS	2 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	6/21/5	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	57	Minus	46	= 11
	Independent	3	Minus	3	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

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(Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$ 9=	234
X43=	0
+145=	0
TOTAL	619

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE
X\$ 9=	275
X43=	
+145=	
TOTAL	275

RATE	ADDI-TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Best Available Copy